



MICHIGAN DEPARTMENT OF STATE

Lansing, Michigan 48918-0001

**MEMORANDUM**

**TO:** Licensed Mechanic

**FROM:** Bureau of Regulatory Services

**SUBJECT:** Change of Mailing Address

If there has been a change in your mailing address, please complete the following information:

<b>Mechanic Number</b>  <b>M</b>	<b>Name</b>
<b>*New Street Address</b>	<b>City, State, Zip Code</b>
<b>*Old Street Address</b>	<b>City, State, Zip Code</b>
<b>Your Signature</b>	

\*The address must be for your current mailing address.

If you have any questions, contact the Customer Support Section at 517/636-6400. This form may be returned by fax or mail to the address below:

Michigan Department of State  
Bureau of Regulatory Services  
Business Licensing Division  
Lansing, MI 48918-1210  
Fax: 517/335-2810